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CONFIRMATION NO. 4045

<b>SERIAL NUMBER</b> 10/509,509	<b>FILING OR 371(c) DATE</b> 04/28/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> MCI-7307
<b>APPLICANTS</b> Duncan Alexander Robertson, Keltybridge, UNITED KINGDOM; David Graham MacFarlane, Alyth, UNITED KINGDOM; James Christopher George Lesurf, St. Andrews, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/01284 03/26/2003 <i>CT</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0207370.8 03/28/2002 <i>CT</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Crystal J. Lee</i> <i>CT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 26294				
<b>TITLE</b> Medical imaging apparatus				
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	